

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/049207</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	I			I			51					
2		I					52					
3		I					53					
4		I					54					
5		I					55					
6		I					56					
7		I					57					
8	I						58					
9	I						59					
10	I						60					
11	I						61					
12	I						62					
13	I						63					
14	I						64					
15	I						65					
16	I						66					
17	I						67					
18	I						68					
19	I						69					
20	I						70					
21	I						71					
22	I						72					
23	I						73					
24	I						74					
25	I						75					
26	I						76					
27	I						77					
28	I						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	39						TOTAL DEP.					
TOTAL CLS.	44						TOTAL CLAIMS					